

CLAIMS ONLY							Application Number 101791443	Filing Date		
							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	<u>      </u>						51			
2							52			
3	<u>      </u>						53			
4							54			
5	<u>      </u>						55			
6							56			
7	<u>      </u>						57			
8	<u>      </u>						58			
9	<u>      </u>						59			
10	<u>      </u>						60			
11	<u>      </u>						61			
12	<u>      </u>						62			
13		<u>      </u>					63			
14		<u>      </u>					64			
15		<u>      </u>					65			
16		<u>      </u>					66			
17		<u>      </u>					67			
18		<u>      </u>					68			
19		<u>      </u>					69			
20		<u>      </u>					70			
21		<u>      </u>					71			
22		<u>      </u>					72			
23		<u>      </u>					73			
24		<u>      </u>					74			
25		<u>      </u>					75			
26		<u>      </u>					76			
27		<u>      </u>					77			
28		<u>      </u>					78			
29		<u>      </u>					79			
30		<u>      </u>					80			
31		<u>      </u>					81			
32		<u>      </u>					82			
33		<u>      </u>					83			
34		<u>      </u>					84			
35		<u>      </u>					85			
36		<u>      </u>					86			
37		<u>      </u>					87			
38		<u>      </u>					88			
39		<u>      </u>					89			
40		<u>      </u>					90			
41		<u>      </u>					91			
42		<u>      </u>					92			
43		<u>      </u>					93			
44		<u>      </u>					94			
45		<u>      </u>					95			
46		<u>      </u>					96			
47		<u>      </u>					97			
48		<u>      </u>					98			
49		<u>      </u>					99			
50		<u>      </u>					100			
Total Indep	<u>      </u>	<u>      </u>					Total Indep			
Total Depend	<u>      </u>	<u>      </u>					Total Depend			
Total Claims	<u>      </u>	<u>      </u>					Total Claims			